

**URBAN DISTRICT  
OF  
SADDLEWORTH**

**ANNUAL REPORT  
of the  
Medical Officer of Health  
and  
Senior Sanitary Inspector**

**FOR THE YEAR  
1949**



SAIDLEWORTH URBAN DISTRICT COUNCIL.  
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ANNUAL REPORT OF

THE

MEDICAL OFFICER OF HEALTH

1949

BY

H.S. BURY M.B.C.S., L.R.C.P., D.P.H.



Divisional Public Health Office,

"Stoneligh",

Cooper Street,

Springhead,

nr. Oldham.

To the Chairman and Members of the Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit to you my report on the health of the district for the year 1949.

The health of the locality has been well maintained during the year. The only exceptions being a small outbreak of Diphtheria and two deaths from food poisoning, both these events have been vigorously reacted to in the Health Department. Efforts to ensure the highest possible percentage of children protected against Diphtheria have been based on a new system of record keeping, and a campaign to raise the standard of hygiene amongst food handlers has been launched. The infant and maternal mortality rates, so high last year, have this year been low, large fluctuations are of course, to be expected in a small population. The Miniature Mass Radiography Unit visited the district in September, and particulars of their findings are given in the body of my report. The County Council Home Help Service grew rapidly during the year, and is meeting a very real need in the locality.

This first full year of the functioning of the National Health Service has been remarkable for the small amount of dislocation caused in the local medical and health services. What at first sight appeared to be a defect in the new service, was the very great difficulty experienced in obtaining admission to hospital for the aged and infirm. This however in the long run may prove to have been beneficial in that it has brought to the fore the problem of the care of the aged and infirm, which had previously been evaded by the obligation placed upon the County Council to provide institutional care for these people, thus removing them from the community and public consciousness.

Much of the institutional accommodation provided was far from ideal and the effect was very often, to cut them off from the community in which they had lived, and hasten their regression. It is now realised that many can be much more humanly and economically cared for within the community in their own homes.





The County Health and Welfare Services and the National Assistance Board can help them considerably to maintain an independent life in their own home, but there is however, a very real need for further help in many cases. This can only be met by a voluntary service of visitors to help them with small domestic problems, and I welcome the action of your Chairman in initiating such a movement, and shall attempt to make the Divisional Health Office a central point for the co-ordination of the various services, as I feel that a two way exchange of information will ensure that these services will be used to the best advantage. The extraordinary lowering of the death rate and consequent increase in the proportion of aged in the community, has been brought about by the great improvement in the standard of living and medical science within the last few decades, which, although sufficient to increase the span of life, has not been sufficient to ensure that health has been fully maintained. The diseases which account for a great deal of the infirmity in the latter half of life, are due to failure of adaptation to stress, a class of disease which is now being studied intensively, and it is reasonable to hope that the children of today will attain their four score years and ten, still active and healthy members of society.

I include in my report to the Council, extracts from my report on the Divisional Health Services submitted to the County Medical Officer.

In conclusion, I wish to express my thanks to other members of the staff of the Council for their willing co-operation, and to members of the Council for their support and encouragement.

I am,

Your obedient servant,

H.S. BURY.

Medical Officer of Health.





STAFF.

Medical Officer of Health.

H. S. Dury, M.R.C.S., L.R.C.P., D.P.H.

Senior Sanitary Inspector.

J. H. Platt, M.R.San.I., M.S.I.A.

Additional Sanitary Inspector

R. D. Brown, M.R.San.I.

Clerical Staff.

Divisional Health Office: Mr. H. Buckley (Chief Clerk).  
Miss D.E. Broadbent.  
Miss D.M. Sykes.  
Mr. A. Gatley.

Sanitary Inspector's Office: Mrs. M. Hodge.

Section A.

General Statistics relating to the District.

Area: 18,485 acres.

Population: Enumerated (1931 census) - Springhead U.D.	4833
Saddleworth U.D.	<u>12620</u>
	17453
Registrar General's Estimate (Mid.1949)	<u>16760</u>

Number of inhabited houses at end of 1949 according to rate books:	5892
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Rateable Value:

The sum represented by a ld. rate:	£400
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Vital Statistics.

Births

Live Births.

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Legitimate	128	116	244
Illegitimate	3	7	10
	<u>131</u>	<u>123</u>	<u>254</u>

This gives a birth rate of 15.2 per 1000 population.

Compared with average of last 10 years:	14.6	"	"	"
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West Riding of Yorkshire 1949:	17.2	"	"	"
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England and Wales 1949:	16.7	"	"	"
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Still-births.

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Legitimate	1	2	3
Illegitimate	-	1	1
	<u>1</u>	<u>3</u>	<u>4</u>

This gives a still birth rate of: 0.23 per 1000 population.

Compared with average of last 10 years	:	0.55	"	"	"
West Riding of Yorkshire 1949	:	0.43	"	"	"
England and Wales 1949	:	0.39	"	"	"

Deaths

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Deaths in the district:	107	103	210
Transferred into district	43	45	88
Transferred out of district:	<u>15</u>	<u>17</u>	<u>32</u>
Total allocated to district:	<u>135</u>	<u>131</u>	<u>266</u>

This gives a crude death rate of 15.9 per 1000 population, and a comparable death rate of 14.4 per 1000 population.

Compared with average of last 10 years: 16.4 per 1000 population.

West Riding of Yorkshire 1949:	12.1	"	"	"
England and Wales 1949:	11.7	"	"	"

The comparability factor for the district being 0.91.

Deaths of Infants under One Year of Age:

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Legitimate	2	6	8
Illegitimate	-	-	-
	<u>2</u>	<u>6</u>	<u>8</u>

This gives an infantile mortality of: 31 per 1000 live births.

Compared with average of last 10 years:	47	"	"	"	"
West Riding of Yorkshire 1949:	38	"	"	"	"
England and Wales 1949:	32	"	"	"	"

The causes of death under One Year were:-

Congenital malformations	3
Birth injury	1
Prematurity	2
Gastro-enteritis (Food Poisoning)	1
Tuberculosis mesentericus	<u>1</u>
	<u>8</u>

#### Infantile Diarrhoea

The one death coming under this heading gives a:-

Death rate in infants under 2 years of:	3.94 per 1000 live births.
Compared with average of last 10 years:	3.33 " " " "
West Riding of Yorkshire 1949	3.27 " " " "
England and Wales 1949:	3.00 " " " "

#### Maternal Deaths

Maternal deaths for 1949 numbered:	Nil
Compared with average of last 10 years:	3.24 per 1000 live and still births.
West Riding of Yorkshire 1949:	0.83 " " " " " "
England and Wales 1949:	0.98 " " " " " "

# PRINCIPLE CAUSES OF DEATH

	Total	Males	Females
Typhoid and Paratyphoid.	-	-	-
Cerebro-spinal Fever.	-	-	-
Scarlet Fever.	-	-	-
Whooping-cough.	-	-	-
Diphtheria.	-	-	-
Tuberculosis of Respiratory System.	2	1	1
Other Tubercular Diseases.	2	2	-
Syphilitic Diseases.	2	2	-
Influenza.	2	-	2
Measles.	-	-	-
Ac. Polio-myel. & Polio-encephalitis.	-	-	-
Acute Inf. Encephalitis.	-	-	-
Cancer of buccal cavity and cesophagus.	1	1	-
Cancer of uterus	-	-	-
Cancer of stomach and duodenum.	9	4	5
Cancer of breast.	9	-	9
Cancer of all other sites.	24	12	12
Diabetes.	3	1	2
Intra-cranial vascular lesions.	34	14	20
Heart Diseases.	87	50	37
Other disease of Circ. system.	7	3	4
Bronchitis.	10	6	4
Pneumonia.	7	6	1
Other Respiratory Diseases.	2	2	-
Ulcer of stomach or Duodenum.	3	1	2
Diarrhoea under 2 years.	1	-	1
Appendicitis	1	1	-
Other Digestive Diseases	4	1	3
Nephritis	12	7	5
Puerperal and Post-Abort. Sepsis.	-	-	-
Other Maternal Causes.	-	-	-
Immature Birth.	2	-	2
Congenital malformations, birth inj., inf.dis.	5	2	3
Suicide.	3	2	1
Road traffic accidents.	2	2	-
Other violent causes.	1	1	-
All other causes.	31	14	17
	266	135	131

## COMPARATIVE TABLE.

	No. of Deaths.	Rate per 1,000 population	Average rate last 10 years	West Riding of Yorks.	England and Wales.
Zymotic Diseases.	1	0.06	0.10	0.08	-
Tuberculosis of Respiratory System.	2	0.12	0.34	0.32	0.40
Other forms of tuberculosis	2	0.12	0.09	0.05	0.05
Respiratory Diseases. (Excluding Tuberculosis of Respiratory System).	19	1.13	1.69	1.44	-
Cancer	43	2.57	2.01	1.81	1.87
Heart and Circulatory Diseases.	94	5.61	5.86	4.19	-



Section B.

Hospitals.

There are no hospitals in Saddleworth, which since July 5th, 1948, is within the Leeds Regional Hospital Board Area. As hospital facilities are more easily available across the County Boundary however, it has been agreed that hospitals in the Manchester Region should serve this district.

General cases go to Oldham Royal Infirmary, Boundary Park General Hospital, Oldham, and Ashton District Infirmary, specialised hospitals being available in Manchester. Maternity beds are provided at Boundary Park General Hospital, Oldham, and infectious diseases beds are provided at Westhulme Infectious Diseases Hospital.

Venereal Disease.

Confidential treatment is available at York Place, New North Rd, Huddersfield, on Monday, Tuesday, Thursday, and Friday, 6 - 8 p.m., and on Wednesday from 10.0 a.m., to 12 noon, also at Oldham Royal Infirmary.

Cancer.

Facilities for radium and other treatment are available to Saddleworth residents at:-

The Radium Institute, Manchester.

The Royal Infirmary, Oldham.

Boundary Park General Hospital, Oldham.

The District Infirmary, Ashton-U-Lyne.

Ambulance Services.

The County Council Ambulance Service has not yet been established in this area, and the Oldham County Borough supply an excellent service in the area on behalf of the County Council.

Laboratory Facilities.

Clinical laboratory facilities are available at the Oldham Hospitals Joint Laboratory, and Public Health Laboratory work is carried out by the Public Health Laboratory Service, at the Wakefield and Manchester laboratories.

Section C.

Prevention and Control of Infectious Diseases.

Table of Notifiable Infectious Diseases during 1949.

Disease	Average notifications over the last 10 years.	1949	Removed to hospital	Deaths
Small Pox.	0	0	0	0
Scarlet Fever	27.9	30	7	0
Diphtheria	5.0	7	7	0
Whooping-cough	40.8*	32	0	0
Measles	141.4*	169	0	0
Pneumonia.	12.5	25	0	7
Cerebro-spinal Meningitis.	0.6	0	0	0
Acute Poli-myelitis & Encephalitis.	0.7	2	2	0
Erysipelas	3.4	2	0	0
Enteric Fever	0.4	0	0	0
Dysentery	0.4	3	1	0
Ophthalmia Neonatorum.	0.1	0	0	0
Lucerperal Pyrexia.	0.9	0	0	0
Food Poisoning	0	9	3	2
Total	234.1	279	20	9

\* Average for 9 years.



Ages of cases and deaths\* in principle diseases.

Age	Scarlet Fever	Diphtheria	Influenza	Measles	Whooping cough	Polio encephalitis and myelitis
Under 1	-	-	-	5	1	-
1 - 2	-	-	-	15	4	-
2 - 3	-	-	2	26	4	1
3 - 4	2	-	-	28	4	-
4 - 5	2	-	1	18	4	-
5 - 10	12	3	1	70	14	1
10 - 15	9	2	1	2	1	-
15 - 25	2	1	1	2	-	-
25 - 35	-	1	5	-	-	-
35 - 45	3	-	4	-	-	-
45 - 65	-	-	4	-	-	-
Over 65	-	-	6	3	-	-
	30	7	25	169	32	2

\* Deaths in brackets.

Hospital Treatment.

The arrangement continues, whereby cases of infectious diseases requiring hospital treatment are removed to Westhulme Hospital, Oldham.

Scarlet Fever, was again fairly common, but in the usual mild form which we expect these days. The case rate works out at 1.79 per 1000 of the population, compared with 1.72 for the average of the last 10 years, and 1.63 for England and Wales for this year. There were no deaths.

Measles. This disease was prevalent during the year with a rate of 10.08 compared with 8.34 for the last 9 years, and 8.95 for England and Wales. In most cases it was mild, there being no deaths. The wave of high incidence commenced at the end of 1948, reaching a peak in the first quarter of the year.

Whooping-cough was not very prevalent, there being an incidence of 1.90 per 1000 of the population, compared with the average of 2.47 over the last 9 years, and 2.39 for England and Wales. There were no deaths.

Diphtheria. The small outbreak of Diphtheria which commenced with three cases in December, 1948, continued in the early part of 1949, giving rise to three cases in January, two in February, and one in March. All cases were due to the gravis strain of organism. . Widespread swabbing of contacts was undertaken including all the scholars at Diggle County Primary School, and all the employees at a small mill at Diggle. As a result, one healthy carrier of the gravis strain was found and admitted to isolation hospital on the 29th January, 1949.

The giving of refresher doses to school children was speeded up, and a few who were unprotected were immunised for the first time. Direct contacts were given temporary immunity with anti-toxin concurrently.

There was one further isolated case in July, no source of which was traced.

There were no deaths.

This gives a case rate of 0.41 per 1,000 of population, compared with average for the last 10 years of 0.30, England and Wales 1949, 0.04.

Poliomyelitis. There were two cases of poliomyelitis, aged 2 and 7 years, both of which are making good progress, although one has residual paralysis.

Food Poisoning. Two distinct outbreaks of food-poisoning occurred during the year:-

On the 29th May, 1949, I was notified that an infant aged 4 months who had been taken ill with gastro-enteritis on the 14th May, had died in hospital on the 21st., and at post-mortem, it was found that the gut contents gave a heavy growth of salmonella typhi-murium. (Case No.1.)

The following week, a middle aged woman who had been taken ill on the 22nd, had died in hospital on the 27th, and again at post-mortem, salmonella typhi-murium was found (Case No.2.)

Local practitioners were immediately informed of the situation and a suspected case was notified on the 1st June, which proved bacteriologically negative, and another on the 4th June, (Case No.3.), who was a child aged 5, and a possible contact of Case No.2., stools were positive, though symptoms minimal.



A further mild case was found and investigated on the 13th June, with negative results.

A further case was notified a week later and found to have Salmonella typhi-murium in the stool. (Case No.4.)

All contacts were investigated and three adults in the household of Case 1 were found to have typhi-murium in the stools, though they had no symptoms, and agglutin reaction of the two blood samples that were obtained were negative. No other contacts were found with positive stools. Later typing proved that all organisms isolated were of <sup>TYPE</sup> Group II, except Case No.4. whose organisms were type IV.

Investigation of a possible source of infection pointed to Oldham where several cases of type II infection had occurred. Investigation by the Health Dept., there, lead to immediate elimination of the danger.

A statement made to the local press was published warning people to wash their hands before handling food, and against keeping food after cooking.

On the 17th June, four cases in one family were notified as suffering from food poisoning, but on investigation, it was found that all five members of one family had been affected two hours after partaking of a meal. Unfortunately, no samples of the food taken, or vomit were available for investigation, stools were bacteriologically negative and all that can be reported is that this small outbreak was due to an unknown toxin in an unknown food.

I give below the summary of the cases during the year:-

Cases notified	7
Cases notified post-mortem	2
Cases discovered other than by notification	<u>2</u>
	<u>11</u>

On investigation, it was found that of these, two cases were not confirmed and

3 cases were due to Salmonella Typhi-murium Type II  
1 case was due to " " " " IV  
5 cases were due to an unknown toxin.

Influenza. During February and March there was some evidence of a

widespread epidemic of a mild type of influenza, seventeen cases of primary pneumonia being notified in the four weeks February 28th - March 28th, two deaths certified as being due to influenza occurring during this period.

#### Diphtheria Immunisation.

Diphtheria Immunisation is carried out at all sessions of all Child Welfare Centres in the division, and all schools are visited during the year for immunisation of entrants not already protected, and for the giving of reinforcing doses at 4 yearly intervals.

In order that the immunisation should be as complete as possible, a file is kept of the immunisation state of all children, and the following system was commenced during the year to keep this as complete as possible:-

1. The Health Visitor makes out a diphtheria immunisation card for every child in her district at 8 months old, and when immunisation has been completed at the clinic, or when the Health Visitor is satisfied that the child has been immunised by the private practitioner or by some other agency, the card is forwarded to the Divisional Office. When the child is 12 months old, the card, if not already forwarded, is sent in with the reason for non-immunisation.
2. When notification is received of a child of, or under school age having removed into the division, the immunisation state of the child is enquired into, and an immunisation card is made out.
3. The file is reviewed annually, and the parents of the children not immunised or due for a refresher dose are offered protection either by the Health Visitor, if under school age, or through the school. Persistent refusals to accept treatment are rare.

All the practitioners in the area have agreed to undertake free immunisation under Sect.26. of the N.H.S. Act, but unfortunately, some are withholding notification of immunisation until the settlement of fees to be paid. Quite a high proportion of infants are immunised by their private practitioner, as in most cases they use the combined Diphtheria - Pertussis Vaccine, for which there is great public demand.

Propaganda is confined to leaflets distributed at Welfare Centres, and in the home by the Health Visitors, and letters addressed to the parents when reinforcing doses are due in school children. In view of the low refusal rate, this appears at the moment to be sufficient.

" Figures for the year end are summarised as follows:-

#### Under 5's

Immunisations completed at clinics.	128
Immunisations completed by private practitioner	<u>88</u>
Total.	<u>216</u>



5 - 15 years.

Immunisations completed at schools	58
Immunisations completed by private practitioners	<u>7</u>
Total	<u>65</u>
Booster doses given at clinics	12
Booster doses given at schools	581
Booster doses given by private practitioners	<u>57</u>
	<u>650</u>

Immunisation state of child population - 31st December, 1949.

Age at 31.12.49	Under 1	1	2	3	4	5-9	10-15	Total under 15
i.e. Born in the year..	1949	1948	1947	1946	1945	1940-4	1935-9	
No. immunised.	5	173	209	162	168	771	670	2158
No. who have had booster doses within the last 4 yrs.	-	-	-	1	2	519	560	1082
Estimated child population (R.G.)	1230					1956		3186
No. of children on Divisional Office file.	249	256	284	266	229	809	708	2795
% of above immunised.	2%	68%	74%	61%	73%	95%	95%	77%

N.B. The Estimated Child Population Figures have been supplied by the Registrar General.

About 300 children attend schools outside the district and their immunisation state is not known.

Vaccination against Smallpox.

Propaganda leaflets on the value of vaccination against smallpox have been distributed at Welfare Clinics, but only 5 mothers have requested vaccination for their infants. These have been carried out. No other attempt has yet been made to increase the vaccination rate. Notification of vaccination has been received from general practitioners for 16 infants and 6 adults.

Disinfection.

After recovery or removal of a case of infectious disease, the householder is advised on cleansing of the sick room and contents, and a certificate to obtain extra soap is supplied. If the householder so wishes, the room is fumigated by formalin spray, and bedding disinfected by arrangement with Oldham Health Department.

TUBERCULOSIS.

Notification of Tuberculosis.

AGE.	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0 - 1	-	-	-	-	-	-	1	1
1 - 5	-	-	-	2	-	-	-	-
5 - 10	-	-	-	1	-	-	-	-
10 - 15	-	-	1	1	-	-	1	-
15 - 20	1	-	-	-	-	-	-	-
20 - 25	1	-	-	-	1	-	-	-
25 - 35	-	2	-	-	-	1	-	-
35 - 45	1	2	-	-	-	-	-	-
45 - 55	-	-	-	-	-	-	-	-
55 - 65	-	1	-	-	-	-	-	-
65 and over.	-	-	-	-	-	-	-	-
Totals.	3	5	1	4	1	1	2	-

No. of cases on register at commencement of year:

No. of cases notified first time during the year:

No. of cases restored to the register.

No. of cases added to register other than by notification:

No. of cases removed from the register:

Removed from the district:

Recovered:

Died:

No. of cases remaining on the register at the end of 1949.

Respiratory		Non-Respiratory	
M	F	M	F
19	10	9	9
2	4	1	4
-	1	-	-
1	-	-	-
2	2	-	1
1	3	1	-
1	-	1	-
18	10	8	12



Tuberculosis Mortality Tables.

	Deaths per 1000 of population		
	Pulmonary	Non-Pulmonary	Total
Saddleworth 1949	0.12	0.12	0.24
Saddleworth average of last 10 years	0.34	0.09	0.46
West Riding of Yorkshire 1949	0.32	0.05	0.37
England and Wales 1949	0.40	0.05	0.45

A further lowering of the death rate for pulmonary tuberculosis has occurred, but the death rate for non-pulmonary tuberculosis continues to be twice that of the rest of the country.

The Tuberculosis Service for this district centres on the Tuberculosis Dispensary, Court Street, Uppermill, which was taken over from the County Council by the Regional Hospital Board on July 5th, 1948, but so far, no changes in the service have resulted from this transfer. The premises are very unsuitable, and negotiations are proceeding to transfer the service to the Oldham Chest Clinic.

Miniature Mass Radiography.

The Miniature Mass Radiography Unit visited the district in September, assistance being given by this department in arrangement of sites of operation and organising publicity etc. All senior school children had opportunity to attend special sessions, and 80% responded.

Teaching staff from schools, and domestic staff including caretakers, canteen staff, and meal servers were urged to attend, and 57% of teachers and 78% of domestic staff responded by submitting themselves for examination.

General results of the survey were as follows:-

	<u>M.</u>	<u>F.</u>	<u>Total.</u>
Miniatures.	1245	1073	2318
Large Films.	<u>51</u>	<u>46</u>	<u>97</u>
Cases found:			
Active Tuberculosis	6	8	14
Inactive "	13	8	21
Heart Disease	3	3	6
Other Chest Conditions	3	1	4

Of the 14 cases of active pulmonary tuberculosis, 8 live outside the district, 3 cases have been notified, 3 cases are under dispensary observation, and of one we have no information.

By action taken under the resolution passed by your Council on the 6th December, 1948, two cases of tuberculosis were given priority re-housing.

Section D. Sanitary Circumstances in the District.

WATER SUPPLIES 1949.

I give below the report of the Surveyor, Mr. B. Castle:-

"Saddleworth is extremely well supplied with water and the neighbouring Authorities have constructed large reservoirs in the various valleys.

The Ashton, Stalybridge, and Dukinfield (District) Joint Committee have constructed two reservoirs in the Greenfield Valley, and the third one in the Chew Valley. This however is only intended for compensation water.

The Oldham Corporation has reservoirs at Castleshaw, Dowry, New Years Bridge, Crook Gate, and Ready-con-Dean.

In the Diggle Valley are also reservoirs which feed the Huddersfield Canal.

The statutory areas of supply are as follows:-

	Area in Acres	R.V.	Population.
		£	
Ashton, S. & D. (District) Waterworks Joint Committee.	12,480	66,640	11,097
Oldham Corporation.	1,341	20,083	4,500
Outside Statutory Areas.	4,664	15,629	1,200
	18,485	102,352	16,797

An area of approximately 900 acres in extent in the Denshaw district is supplied by the Oldham Corporation outside their statutory area.

A small area in the Grotton district of approximately 138 acres is supplied by the Ashton, S. & D. (District) Waterworks Joint Committee, and this is also outside their statutory area.

Delph, Dobcross, Diggle, Uppermill, Greenfield, and Grasscroft are chiefly supplied from the reservoirs in the Greenfield Valley.

Springhead and Denshaw are supplied from the reservoirs of the Oldham Corporation.



In some of the more highly situated parts of the district, the water pressure was formerly not sufficient to supply houses, and this was remedied some years ago by the installation of a Booster Plant erected near Brownhill Bridge, Dobcross.

The water from these moorland reservoirs is said to be naturally plumbo-solvent, so special treatment has been adopted (Aluminoferric and chalk with subsequent filtration through pressure filters).

It might also be necessary to install pumping plants to raise the water to the levels required in certain parts of the area.

During the year, extensions of existing mains have been made for new properties on Horsforth Road, Greenfield, and to serve 42 houses at Lodge Lane, Delph. Extensions have also been carried out to existing properties at Spring Meadow and Shaws Lane, Uppermill."

There are still a large number of houses in the district which obtain their water from wells and springs. A survey made this year showed that out of the 5892 houses in the district, 1076 were not on a main supply, and used water from wells and springs. A number of these wells and springs on the hillsides are subject to pollution from surface water, and during the dry summer this year, several supplies failed altogether.

A survey of these properties shows that approximately a further 300 houses could be given supplies from the Water Company's Mains, by small extensions of the mains. Others would require extensions for considerable distances and even the installation of pumping plants to raise the water to the levels required in certain parts of the area.

For details of tests made in water supplies in the area, see the report of the Sanitary Inspector.

#### Drainage and Sewerage.

Mr. Castle, the Surveyor, reports as follows:-

##### SEWERAGE DETAILS 1949.

"The whole of the area with the exception of Grasscroft and Springhead is sewered direct to the Shaw Hall Bank Sewage Disposal Works, Greenfield.

The main sewer from this works follows roughly the direction of the River Tame from Greenfield to Denshaw. The size of the main outfall sewer varies in diameter from 27" at the works to 9" in Denshaw.

Branch sewers are picked up by the main sewer from the districts of Delph, New Delph, Dobcross, Diggle, Uppermill and Greenfield.

The various branches at Delph enter the 12" main sewer near Rasping Mill, Delph. Other branches from New Delph enter a 15" main near Delph station. A 6" branch enters the 18" main near the Woolpack Inn, Dobcross, and the Diggle branch is picked up near Brownhill Bridge. This is a 9" sewer entering the 18" main.

The main is 21" diameter through Uppermill and branches serving the Uppermill area are collected at Court Street and Wade Lock.

An 18" branch serving Greenfield enters the 27" main sewer near the Old Sewage Disposal Works off Chew Valley Road, Greenfield, and the 27" main sewer crosses the River Tare into the works near to it's junction with the Chew Valley Brook.

The Grasscroft and Shaw Hall Bank areas could not gravitate to the Shaw Hall Bank Works, Greenfield, due to difficulties of level and the canal crossing. These have been overcome by the installation of a Pumping Station at Royal George on the south west side of the district to which all the drainage of these areas gravitates, and are then pumped back to the Greenfield Works.

A 7" diameter sewer serves the Shaw Hall Bank area and increases to 12" after picking up a 9" branch sewer serving the Grasscroft district.

At the Royal George pumping station there are three pumps, two of which have 3,509 gallons per minute capacity, driven by 18 H.P., electric motors and one of 1,509 gallons per minute capacity driven by a 5 H.P., electric motor, all of which are automatic float controlled.

All the sewage flows to one sump or well in which the floats are fixed at different levels according to the size of the pump and period of entering.

In normal day periods, the small pump is more than adequate for the flow and only works at intervals, but in the event of an increase in the flow caused by rain, storms etc., which this pump cannot control, the water level in the well rises and engages the float of one of the larger pumps which is immediately brought into commission and the small pump is cut out by an automatic control.



The sewage from the pumping station is pumped to the works at Shaw Hall Bank through 8" cast iron pipes for treatment along with the sewage from other parts of the district.

A 6" separate branch sewer serves certain parts of Horsforth Rd, and Lacroes Estate, and enters the works at Shaw Hall Bank at the same point as the main outfall sewer.

The Springhead part of the district is sewered by gravitation to the Pitses Sewage Disposal Works which is situate in the area of the Limehurst Rural District Council.

A 15" main outfall sewer follows roughly the line of the River Medlock through Lees to the Boundary of the Springhead area at Hartshead Street and thence branch sewers extend to the Waterhead, Austerlands, and Scouthead areas and through Thornlea Fold to Lydgate. There are no sewers in the northern part of the Springhead area beyond Scouthead and Austerlands.

Trade waste effluents from factories and works in various parts of the area are connected to the main sewers at different points by private drains. The volume of effluent discharged from these premises is metered at the point of connection to the sewer and a charge is made by the Council to the respective owners of the premises for the treatment of the sewage. There are still four factories in the district which have trade waste discharges which are not connected to the sewerage system.

Most of the built up area of the district is sewered, but there are certain properties on the outlying hillsides which still require sewers extending to connect them to the main drainage system.

Owing to the restrictions on capital expenditure, it has not been found possible to proceed with any of the major sewer extensions required to serve the hillside properties.

During the year, a number of drain extensions have been carried out by owners of private properties, and 9 new houses have been connected to the sewer.

70 additional water closets have been installed in private houses and industrial premises, and two new trade effluent connections have been made to the Council's sewers."

Approximately 550 houses are not connected to sewers and use pail closets which are emptied by the Council's scavengers, once per week. A few outlying farms and cottages still have open-middens.

#### Sewage Purification.

Mr. Twine, Manager of the Sewage Disposal Plant reports:-

"The Council's two sewage disposal works have satisfactorily treated 425 million gallons of domestic sewage and trade waste during the year. Approximately 54 tons of Aluminoferric have been consumed in the process.

At Greenfield, the new sludge digester is under construction and hence sludge disposal on drying beds is still being carried out.

The sludge problem at the Springhead Works is acute and a pumping and drying bed scheme has been passed to alleviate the situation.

For the first time an insecticide (Gammexane) was used on the filters as a means of controlling fly emergence.

Laboratory investigations continue in conjunction with the experimental biological filtration plant to determine a method of treating the paper waste liquor from Greenfield Mill."

#### Housing.

Many of the houses in the district are not fit for human habitation, judged on standards recommended by the Ministry of Health. Some are structurally unsound, and over 100 are of the back to back type, and some are back to earth. All these will be dealt with under Sect.11 or 25 of the Housing Act when the housing situation permits.

Some houses, although otherwise unsatisfactory are of sound construction and are capable of reconditioning or reconstruction to bring them up to the modern requirements, but no application has been made by any owner under Part II of the Housing Act, 1949. In the meantime, it is only possible to keep them in as reasonable a state of repair as possible by action under the Public Health and Housing Acts, having in mind the need to make the best of every house available during the present housing shortage. Full particulars of the action taken during the year are given in the report of the Senior Sanitary Inspector.



Applicants on the waiting list for Council houses at the end of the year numbered 282, consisting of:-

102 families living in rooms.  
111 families requiring more suitable accommodation.  
9 families requiring rehousing on medical grounds.  
23 elderly couples requiring bungalows.  
34 families resident outside Saddleworth.  
2 Agricultural workers.  
1 Miner.  
282

#### Milk.

The Milk and Dairies Regulations 1949, have considerably altered the functions of this Authority, as a large proportion of the milk distributors in the area are also producers, and most dairies are also dairy farms. These are now no longer registered with this Authority, but with the Ministry of Agriculture and Fisheries. This Authority however, remains responsible for the supervision of the retail distribution and sale of milk, and I as Medical Officer am responsible for provisions with regard to the infection of milk.

#### Catering Industry.

This is becoming an increasingly important industry in the districts. The Food Executive Officer reports that 20 new catering licences were issued during the year, making a total of 185 in operation at the year end.

#### Clean Food Campaign.

The Senior Sanitary Inspector and myself made visits of inspection to a number of catering establishments in the district, and to many food shops.

A similar inspection was made of all school meal canteens and kitchens accompanied by the area school meals supervisor, followed up by a lecture to all school meals staff, on similar lines to the one below.

A public meeting was called in September, to which all workers in canteens, cafes, restaurants, were invited with representatives of the management, also butchers and bakers. The chair was taken by the Chairman of the Health Committee, and the Regional Advisor of the Ministry of Labour and myself addressed the meeting on food hygiene. A bacteriological display provided by the Public Health Laboratory was explained by the Senior Sanitary Inspector. To wind up the meeting, two short films on nutritional value of certain foods was shown by a unit supplied by the Central Office of Information. Approximately 40 persons attended.



Extracts from my report on the Divisional Health Services  
to the County Medical  
Officer.

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1. INTRODUCTION.

As this report is made before the receipt of vital statistics from the Registrar General, accurate figures for births, deaths etc., cannot be given. Figures used are obtained from notification of births, and reports from Health Visitors etc., and there may be discrepancies due to the absence of transferable births and deaths from the last quarter of the year.

This being the first year of divisional administration, the divisional organisation has now settled down to a smooth routine in the more basic functions, though there have been some upsets due to changes of staff. The Divisional Head Clerk resigned in November to transfer to another division, and the new Head Clerk was not experienced in Health Dept. work. An additional female clerk was engaged to deal mainly with the growing work caused by the Home Help Scheme. One District-Nurse/Midwife resigned during the year and it was not possible to replace her until the new nurses house at Delph was ready for occupation in September. An additional Health Visitor was appointed in August, necessitating a re-shuffle of the Health Visitors districts.

Further steps have been taken to obtain liason with the local hospital with some success.

Attendances at Ante-Natal Clinics have shown a decline, probably a delayed effect of the National Health Service Maternity Scheme. It appears that the infant mortality and maternal mortality rates, so high last year, have improved, large fluctuations are of course to be expected in such a small population.

The Health Visitor continues to be hard pressed with the varying new calls on their time, particularly in regard to the supervision of Home Helps and Care of the Aged. There is a high proportion of old people in this area, and the amount of time that can be spent in helping them to solve their problems is considerable. It is however hoped that the voluntary organisation being formed locally will help with this work in the future.



## MATERNITY AND MIDWIFERY SERVICES.

### Domiciliary Midwifery Service.

Two whole-time midwives and one Home-Nurse/Midwife provide a domiciliary midwifery service for the whole area.

At the year end they were:-

<u>Name.</u>	<u>Address.</u>	<u>Tel. No.</u>	<u>District.</u>
Nurse M.A. Stafford.	41, Walker Lane, Springhead.	MAIN(Oldham) 3921.	Springhead. Denshaw.
Nurse J. Cook.	"Thornleigh", Pickhill, Uppermill.	SADD. 347.	Diggle. Uppermill. Greenfield. Grasscroft.
Nurse E. Buxton.	1, Flowery Cottages, Grains Rd, Delph.	DELPH 385.	Dobcross. Delph.

Their work during 1949 is summarised as follows:-

Midwife.	Confinements		Home Visits	
	Dr. Engaged.	Not Engaged.	Ante-Natal	Post-Natal.
Stafford	27	29	416	878
Cook	19	24	280	810
Ayrton*	4	4	98	156
Buxton*	1	2	28	60
Total	51	59	822	1904

\* Nurse K. Ayrton resigned 20th August, 1949.

Nurse E. Buxton commenced duties on the 19th October, 1949.

During the year, increased emphasis has been placed on ante-natal care besides the increased responsibility of the midwife in the ante-natal clinic, the number of ante-natal visits has been increased and a policy has been introduced whereby regular blood pressure readings as well as urine tests are carried out by midwives on all booked cases who do not attend ante-natal clinics and an attempt is made to persuade each expectant mother to attend at least once at an ante-natal clinic to have a blood sample taken. Midwives have now been instructed to keep records of mothers not attending clinics on Form A.N.L., so that a more complete picture of the ante-natal care will be available next year.

### Gas and Air Analgesia.

Two midwives obtained Gas and Air Certificates during the latter part of the year and one apparatus is available for their use. So far it has not been used.

## Medical Aid.

The following notices calling in medical aid were issued during the year:-

Cause	Cases		Cause	Cases	
	Engaged	Not-Engaged		Engaged	Not-Engaged.
<u>Pregnancy</u>			<u>Lying-In</u>		
1. Raised blood pressure.	-	1	1. Shingles.	-	1
<u>Labour</u>			2. Thrombosis.	-	1
1. Ruptured Perineum	14	8	3. Tyrexia.	1	-
2. Post Partum Haemorrhage	1	-	<u>Child.</u>		
3. Difficult Labour	2	-	1. Pneumonia.	-	1
4. I.C.I.	-	1	2. Prematurity.	-	1
5. Uterine Inertia.	-	1	3. Spina Bifida.	2	-
6. Rigid Cervix.	-	1	4. Discharge from eyes.	2	-
			5. Asphyxia.	-	1
			6. Hare-Lip.	-	1

Other returns from midwives were:-

- 1 Notification of the death of a child.
- 4 Notices of Artificial Feeding.

## Ante and Post-Natal Clinics.

Sessions continue to be held monthly at Springhead and Uppermill.

The clinic at Delph was re-opened in February, but after 8 sessions was discontinued due to lack of support.

The opening of the proposed clinic at Greenfield was postponed due to the drop in ante-natal attendances.

The attendances at each clinic are set out below:-

Clinic	No. of Sessions.	Average No. of attendances per session.	First attendances	Subsequent attendances	Post-Natal Attendances.
Springhead	12	10	30(62)	81(180)	2(10)
Uppermill	12	10	29(29)	78(66)	5(0)
Delph	8	6	14	29	5
	32	26	73(91)	188(246)	12(10)

Figures for 1948 are inserted in brackets for comparison.

The general drop in figures would appear to be due to the operation of the maternity scheme for the National Health Service. This having been emphasised in Springhead and minimised in Uppermill by the transfer of Greenfield cases from Springhead to Uppermill.



Post-natal attendances continue to be poor, also no doubt an effect of the General Practitioners Maternity Service. Every endeavour is being made to impress upon both patients and doctors that the E.C. and L.A. Maternity Services should be regarded as complimentary and not alternatives.

Ante-Natal Hostel.

There were no admissions to the ante-natal hostel from this division, suitable cases being unwilling to leave other children to the care of the Home Help, and places in residential nurseries being unobtainable.

Institutional Midwifery.

A good institution midwifery service continues to be supplied for this area by the Manchester Regional Hospital Board.

Births in institutions outside the area were notified as follows:-

	<u>Live Births</u>	<u>Still Births</u>
Boundary Park General Hospital, Oldham.	93	3
Woodfield Maternity Home, Oldham.	32	-
St. Mary's Hospital, Manchester.	5	-
Various Nursing Homes.	3	-
Totals	133	4

Very few applications for admissions have been refused and in cases of application on grounds of home conditions, reference is made to this office.

A more detailed analysis of the proportion of domiciliary to institution confinements reveals marked variations between the various villages which make up the district, viz.,

District	Institutional Births		Domiciliary Births	
Dobercross	16	84%	3	16%
Uppermill	19	70%	8	30%
Grasscroft	21	70%	5	30%
Greenfield	33	65%	18	35%
Delph	21	60%	19	40%
Springhead	30	58%	22	42%
Lenshaw	7	44%	9	56%
Austerlands	9	38%	15	62%
Diggle.	4	25%	12	75%



This variation has been largely a voluntary one, as few cases have been refused admission to hospital.

These parochial habits are difficult to explain, the most likely explanation that suggests itself is that in Diggle, Austerlands, Denshaw and Springhead, the same midwife has been in attendance over several years, whereas in Dobcross, Grasscroft, Greenfield, and Delph, there have been recent changes of midwives. Uppermill however, is an exception to this, as although there is a high institution birth rate, the midwife has been attending there for many years, and the same midwife covers Diggle, where the institution rate is the lowest.

The degree of urbanisation of the areas does not seem to have much influence.

#### Ante-Natal Visiting to Institutional Midwifery Cases.

All bookings at Boundary Park General Hospital are notified to this office, and the Health Visitors make regular ante-natal visits to the home with the object of advising re diet etc., and preparing the mother for breast feeding.

For this purpose, 34 mothers were visited and a total of 291 visits were made.

#### "Flying Squad" Arrangements.

A fully staffed and equipped obstetrical flying squad based on Boundary Park Maternity Block is available in this area, and can be called upon in an emergency by general practitioner or midwife.

#### Dental Treatment of Expectant and Nursing Mothers.

The one local dentist has undertaken the dental treatment of a few expectant mothers in need of urgent dental treatment, but is unable to undertake extensive work or the supply of dentures. Arrangements have now been made for these to be seen at Brighthouse Clinic, but so far, no mothers have been willing to undertake the long journey. Three cases were referred for dental treatment during the year, but no notifications that treatment has been completed has been received.

#### Still-Births.

Four still-births were notified, all taking place in institutions outside the area, where ante-natal care was also given. Three were premature, and one was one of twins.

#### Maternal Deaths

No maternal deaths occurred during the year.

CHILD WELFARE SERVICES.

Infant Visiting.

Health Visitors areas were re-organised during the year, when Miss E.M. Rhodes joined the Divisional Staff in April. Areas are now allocated as follows:-

Health Visitor	Areas	C. W. Centre.
Mrs. M. Hirst.	Uppermill Dobcross Diggle.	Uppermill
Miss C.A. Holroyd.	Delph Denshaw Greenfield Grasscroft	Delph Greenfield
Miss E.M. Rhodes.	Springhead Austerlands	Springhead.

Notification of Births (Live)

Domiciliary	Institutional	Domiciliary		Total
		Transferred In	Transferred Out	
113	133	6	3	249

Births allocated to this area by the Registrar General number 254.

Visits were made to almost all these cases, and a high proportion attended a Child Welfare Centre regularly. The position is summarised below:-

District	Births notified 1949	First visits by H.V.'s.	Subsequent visits by H.V.'s.		Infants under 1 yr. attend- ing C.W.C.'s.
			Under 12 mths.	Over 12 mths.	
Springhead Austerlands	69	63	338	383	57
Greenfield Grasscroft	71	65	306	376	50
Uppermill Diggle Dobcross	61	56	257	399	41
Delph Denshaw	48	44	219	269	43
Totals	249	228	1120	1427	191

Child Welfare Centres.

Child Welfare Centres continue to be popular with mothers.

Conditions have been improved at Springhead by re-decoration of the church hall where the clinic is held.

Conditions have also improved at Greenfield where a pram shelter is now in use, and a larger room has been taken over for weighing purposes.

An experiment in the use of the film for education in Care of Children was carried out at Springhead. A full report is given in the section on Health Education.

This years work in the centres is summarised as follows:-

Centre	No. of sessions.	Children under 1 year.		Children 1 - 5		Total Attendances	Seen by Dr.
		At year end.	Attendances	At year end	Attendances		
Springhead	47	45	1466	156	1596	3062	498
Greenfield	48	43	1361	148	1534	2895	544
Uppermill	49	38	734	73	784	1518	301
Delph	47	36	693	60	868	1561	342
Totals	191	162	4254	442	4782	9036	1685

Care of Premature Infants.

Ten infants were born prematurely (birth weight  $5\frac{1}{2}$  lbs., or less), to Saddleworth mothers during 1949, two of these, both born in hospital, died within 24 hours. The rest are all doing well and making normal progress. Altogether, eight were born in hospital, and two on the district. One (birth weight  $4\frac{1}{2}$  lbs.), was provided with the special Sorrento Cot and Accessories in the home, the other (birth weight  $5\frac{1}{2}$  lbs.) was one of a pair of vigorous twins, and needed no special care. See overleaf for summary of cases.



Case	Sex	B.W.	Place of Birth	Condition at end of year.	Notes.
1	F	3.12.	Hospital	Died at 14 hrs.	Death Certificate "Prematurity"
2	F	4.4.	"	" " 22 "	" " "Atelactasis"
					Mother suffered "Placenta Pravias".
3	F	5.2.	"	Good Progress	Mother had severe aneamia.
4	M	4.9.	"	-do-	---
5	M	5.8.	"	-do-	---
6	F	5.8.	"	-do-	---
7	F	5.2.	"	Left the district	Twin of B.W. 3 lbs. still born.
8	F	4.0.	"	Good Progress	---
9	M	4.12.	Home	" "	Sorrento cot used with success.
10	M	5.4.	"	" "	Other twin was 5 lbs. 15 ozs.

### Illegitimate Children.

There were eight illegitimate ( 10 R.G.) births notified in the district (including transfers). During the year, seven were cared for at home, and were given priority in home visiting, and one is in a residential nursery in Oldham.

All were well cared for and only one death occurred.

### Day Nurseries.

There are no day nurseries, either Local Authority or private. No applications have been made for registration by Child Minders.

### Causes of death were:-

#### Under 1 year.

Intercranial Haemorrhage (following failed forceps and caesarian section).	1
Congenital defects	3
Prematurity	2
Gastro-Enteritis (Food Poisoning)	1
Tabes Mesentericus	1
	<u>8</u>

#### 1 - 5 years.

Broncho-Pneumonia.	1
Violence	1
	<u>2</u>

Causes of Death (Cont)

5 - 15 years.

Tubercular Meningitis	1
Status Epilepticus	<u>1</u>
	<u>2</u>

CARE AND AFTER-CARE

I have continued my attempts to establish closer liason with the hospital service and general practitioners during the year, and have been successful in reaching agreement with the Oldham District Hospital Management Committee, whereby all admissions and discharges of children under school leaving age are notified to me together with a copy of a report to the doctor. In return, I will provide background information when required by the hospital staff. This new arrangement is to come into effect on the 1st January, 1950. This is a valuable advance and should increase the efficiency of the Infant Welfare and School Medical Services.

Liason with the Almoners Department at Oldham has been further cemented by a joint meeting between Almoners and Health Visitors, arranged at Oldham Royal Infirmary with the Chief Almoner.

Below is summarised the after-care work carried out in the division at the request of the hospitals:-

Request for after-care from:-

Oldham Royal Infirmary	12
Boundary Park General Hospital	6
Other Institutions	<u>5</u>
	<u>23</u>

Work by Health Visitors.

Cases	19
Visits	91

Work by Home Nurses.

Cases	13
Visits	230

Convalescence.

Two persons were admitted to Convalescent Homes under the County Scheme at the request of general practitioners, one to Hunstanton, and one to Southport.

Home Nursing Service.

Nurse Ayrton resigned in August, and Nurse Lawton moved into the Greenfield nurses home. Nurse Buxton commenced duty in October and took up residence in the new nurses house at Delph. The Home Nursing Staff at the end of the year was:-

District	Nurse	Address	Tel No.
Springhead Austerlands	Nurse N. Platt.	3, Gordon Street, Springhead.	MAIN(Oldham)6371
Grasscroft Greenfield Uppermill Diggle.	Nurse M. Lawton.	"Mocklands", Greenbridge Lane, Greenfield.	SADD.338.
Dobcross Delph Derishaw	*Nurse E. Buxton.	1, Flowery Cottages, Grains Rd, Delph.	DELPH 385.

\* District-Nurse/Midwife.

Work carried out by them is summarised in the table below:-

Chronic.

	<u>Patients</u>	<u>Visits</u>
Intercranial Vascular Disease.	28.	894
Arthritis	6	356
Cancer	13	148
Senility	12	280
Cardiac Disease	8	216
Paralysis	4	246
Others	3	402
	<u>74</u>	<u>2542</u>

Medical.

Pneumonia	6	187
Bronchitis	3	12
Enemas only	12	37
Worms	10	52
Tuberculosis	3	201
Asthma	3	31
Skins	3	35
Others	10	1140
	<u>52</u>	<u>697</u>

Surgical

Scalds and Burns	5	134
Injuries	7	25
Post-operative care	14	331
Otitis Media	4	53
Abcesses and Ulcers	11	191
Colostomy	4	109
Gynocological conditions	7	108
Others	5	99
	<u>59</u>	<u>1050</u>



Home Nursing Service (Cont.)

	<u>Patients</u>	<u>Visits</u>
Relief Visits		183
GRAND TOTAL	185	4472

The volume of work has increased considerably compared with 1948, and a higher proportion of work has been with more acute cases, which is all to the good, as it increases the interest of the work for the nurse and reflects an increasing confidence in the nurses by general practitioners.

Home Help Service.

The service has grown quickly during the year, and the demand for Home Helps is still rising. It is difficult to see how the various problems which the presence of a Home Help solves were ever resolved before the service commenced, and there is no doubt that it serves a very useful purpose and has come to stay. We have had to rely on part-time casual labour during the year, with many resignations and new engagements, but all this sorting and sifting has left us with a small core of well tried excellent women, who are devoted to their work. This helps us to balance supply and demand which is the great difficulty we have been up against.

At the year end we had 29 part-time Home Helps, but no whole-time. 69 applications for the services of home helps were received during the year, and 64 of the applications were accepted, 4 only being refused, and in a further case, no suitable home help was available. 56 of these applicants received the services free, two paid part cost, and six the full cost.

I estimate that £1147 was paid in wages and allowances to Home Helps in this division during the year.

Home Help Service (Cont).

The cases served are summarised in the table below:-

Type of case	No. of cases	Total hours	Average No. of weeks.	Average No. of hours per week.
A. Illness	25	4205	9	19
B. Lying-In	14	1093	2	39
C. Expectant Mother	-	-	-	-
D. Mentally Defective	1	81	9	9
E. Aged	24	3828	17	9
F. Children not over school age.	-	-	-	-
	64	9207	37	76

Care of the Aged.

Until 1930, Saddleworth had it's own workhouse, where there were accommodated between 20 and 30 of the local old folk, and from all accounts they constituted a very happy family.

Since that date, the aged and infirm in need of institutional care, have, perforce, been scattered over the County. At the present time there are one woman and five men in Welfare Homes at Staincliffe, Selby, Penistone and Tadcaster.

In the early part of the year, Mr. Copley, the Divisional Welfare Officer, interviewed suggested candidates for a Saddleworth Old People's Home, and found six men and one woman suitable candidates.

The population of Saddleworth being 16710, and the estimated proportion of people over 65 in the country being 10%, at least 1670 are over that age in Saddleworth. These are indications that the average age of the population is higher than average, so there may be as many as 1700 over 65 in the area.

The Urban District Council have provided 58 Bungalows specially designed for Old People and there is a waiting list of 29 approved cases for these.

24 old people received the part-time assistance of Home Helps during the year, accounting for 3828 Home Help hours.



An analysis of the home nursing visits undertaken during the year indicates that approximately 50%, or over 2,000 visits were made to old persons.

Following requests from various sources, Health Visitors have made 559 visits to 225 old people, and have rendered valuable and much appreciated assistance in arranging Home Helps, Nursing, and giving advice on National Assistance, Pensions etc.

Reports have been collected on 95 cases and these reports show that over half of those visited live alone. (This, being a selected sample however, gives no indication of the actual proportion living alone.) Many have great difficulties to contend with, generally living in old insanitary cottages with no modern conveniences. Often there is little sign of the preparation of proper meals and undoubtedly the diet of many of them is deficient.

#### MENTAL HEALTH SERVICE.

##### Lunacy Acts.

Mental hospital admissions are arranged by the Duly Authorised Officer, except for voluntary cases, and admissions are generally made to the Leeds Regional Hospitals, but some cases have been admitted to hospitals in the Manchester Region.

We are notified of admissions, discharges etc., by the Storthes Hall Mental Hospital in most cases, though not 100%. We do not receive reports from other hospitals, so that the total number of voluntary cases is unknown.

The Duly Authorised Officer reports:-

"The work in the division has been light, action having been necessary in only 10 cases, nine of which were certified and removed to Mental Hospitals, the other being removed on a 14 day order to Northern View, Odsal, and subsequently certified for detention there. The ages of the certified cases were twenty, twenty-six, fifty-seven, fifty-nine, sixty-four (two), sixty-five and seventy-one, and eighty-two respectively. As I do not receive notification of admission of voluntary patients, I have no record of the incidence of such cases.

Like all other classes of hospital cases, there has been some difficulty in obtaining appropriate accommodation: at the present time, Storthes Hall Mental Hospital will not admit patients over seventy years of age, save in exceptional circumstances. A further difficulty is that some medical practitioners, being unable to obtain chronic hospital accommodation for aged persons who are mentally senile, are inclined to refer these cases to



the Duly Authorised Officer in the hope of getting the patients accommodated under the Lunacy Acts: the Duly Authorised Officer of course determines his action by the Patient's condition and need, not the doctors dilemma. Nevertheless, there does occasionally arise a case of an aged mentally senile person living alone for whom the appropriate place would be chronic hospital accommodation, but this not being available, it has been necessary for the safety of the patient to move him on a fourteen day order under the Lunacy Act."

Reports received from Storthes Hall Mental Hospital:-

Admissions	Certified	-	9
Discharges	(1) Certified		
	(a) On trial	-	2
	(b) Recovered-		2
	(2) Voluntary	-	4
Deaths		-	7

In addition, one admission on a 14 day order was made to "Northern View", Odsal. Also, I have arranged the admission of two voluntary patients to Storthes Hall, and two voluntary patients to Oldham General Hospital.

At the beginning of the year, several background reports on new admissions were made by Mrs. Moore, the Mental Health Social Worker, for forwarding to the Superintendent, Storthes Hall. For the latter half of the year, these were discontinued, as they were obtained by the Psychiatric Social Worker attached to the hospital.

Mental Deficiency Acts.

At the end of the year, there were under Statutory Supervision in the area:-

3 children under 16.

8 adults.

Several other children are under observation, and may become subjects to be dealt with at a later date.

Five of these cases are suitable to attend an occupation centre, and one is attending the Oldham Centre, as he formerly lived in Oldham. The others are awaiting places there when they are available (an extension of the Oldham Centre, I understand, is being considered). Four cases are employed in suitable light employment, but one case, a child of three is very difficult to manage at home, and attempts are being made to secure his admission to an institution, so far, without success.

Mrs. Moore, the Mental Health Social Worker visits all cases and supervises home training for those cases who are not employed.

THE SCHOOL MEDICAL SERVICE.

The school population at the end of the year was estimated at 1506.

I was able to carry out all school medical work without assistance this year, and all but two of the schools were visited for the purpose of routine inspections of scholars. Many other visits were made for the purpose of the examining of special cases, investigation of outbreaks of infectious disease, inspection of buildings, and in connection with the School Meals Service etc.

School Medical Inspections.

Total No. of scholars examined are summarised below:-

Routine.

Entrants.	298
Second Age Group	175
Leavers	<u>-</u>
Total	<u>473</u>

Other Inspections.

Special Examinations.	56
Re-Inspections	<u>151</u>
	<u>207</u>

A satisfactorily large proportion of parents attended inspections in the entrants and second age group inspections, though a much smaller proportion attended with the leavers,



Defects Found, are summarised according to the Ministry of Education tables reproduced below:-

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects		No. of Defects	
		Requiring treatment	Requiring to be kept under obso but not requiring treatment.	Requiring treatment	Requiring to be kept under obso. but not requiring treatment
4	Skin	5	5	4	1
5	Eyes (a) Vision	14	5	3	1
	(b) Squint	11	1	-	1
	(c) Other	4	4	1	-
6	Ears (a) Hearing	5	-	3	-
	(b) Otitis Media	8	-	2	-
	(c) Other	-	-	-	-
7	Nose or Throat	19	46	5	5
8	Speech	-	4	1	-
9	Cervical Glands	1	7	-	1
10	Heart & Circulation	2	9	1	1
11	Lungs	5	18	2	2
12	Developmental				
	(a) Hernia	3	3	-	-
	(b) Other	1	3	-	-
13	Orthopaedic				
	(a) Posture	4	3	-	-
	(b) Flat foot	20	3	-	-
	(c) Other	9	5	-	-
14	Nervous System				
	(a) Epilepsy	-	-	1	-
	(b) Other	-	4	-	5
15	Psychological				
	(a) Development	-	1	-	3
	(b) Stability	1	9	-	-
16	Other	12	12	7	8

In a large number of cases recorded as requiring treatment, treatment was already being obtained from general practitioners and hospitals. Where treatment was necessary, patients were either:-

- (a) referred to general practitioners.
- (b) referred to hospital.
- (c) referred to specialist clinics.
- (d) referred to school nurse for treatment of minor conditions.
- (e) or in some cases, parents were advised on the management of the child at home, and the teacher was given instructions on the management of the child in school.



The general physical condition of the children as compared with previous years remains excellent.

CLASSIFICATION OF THE GENERAL PHYSICAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS

Age Groups	No. of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of Col.2.	No.	% of Col.2.	No.	% of Col.2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	298	115	38.9	147	49.3	36	12.1
Second Age Group	175	76	43.4	82	46.9	17	9.7
	473	191	40.4	229	48.4	53	11.2

Arrangements for treatment of special defects.

1. Defect of vision and squint.

The parents of a child found with defects of vision are given the option of obtaining treatment through the supplementary ophthalmic service or being seen by Dr. Burns at special eye clinics which are arranged from time to time.

During the year, three eye clinic sessions were held, at which Dr. Burns saw 27 patients, and prescribed 27 spectacles. The number of spectacles obtained is unknown.

2. Ear, Nose and Throat Defects

Children with disease of the ear, nose or throat, are referred to a special childrens E.N.T. Clinic arranged by the Oldham Health Department, and held at Boundary Park Hospital.

28 cases were referred during the year suffering from:-

Enlarged tonsils and adenoids	7 cases.
Enlarged adenoids	7 "
Chronic tonsillitis	4 "
Chronic otorrhea	3 "
Deafness	2 "
Chronic rhinitis	3 "
Infected sinuses	2 "
	<hr/>
	28
	<hr/>

Treatment recommended was:-

Removal of tonsils and adenoids	15 cases
Nasal drops	4 "
Diastolisation	4 "
Breathing exercises	3 "
Removal of adenoids	2 "
Antrum lavage	2 "
Ear Toilet	1 "
Audiagram test	1 "
No treatment recommended	3 "

All treatment recommended, except those who are still waiting for removal of tonsils and adenoids was carried out either at the clinic or at home or school under the supervision of the School Nurse. (The total number of treatments is larger than the number of patients, as some have had more than one form of treatment).

### 3. Orthopaedic Defects.

Children with orthopaedic defects were referred to the orthopaedic clinic arranged by the Oldham Health Department, and now staffed by the Regional Hospital Board.

The following cases were referred:-

Flat Feet	1
*Torticollis	1 (1)
Lordosis	1
Genii Valgus	1
Hallux Valgus	1
*Calcaneus Valgus	(1)

(\* Figures in brackets refer to children below school age, referred from Child Welfare Centres).

### 4. Speech Therapy

Three cases of speech defect were found during the year, one is under observation, one was referred for audiometer test, and one is on the waiting list for treatment at the Oldham Education Department Speech Clinic, who have agreed to take a limited number of cases for a payment of £10 per year. per case.

### 5. Child Guidance.

Two cases were referred for child guidance during the year, but neither were seen due to the long waiting list at the Barnsley Child Guidance Clinic. One was subsequently seen at Storthes Hall Mental Hospital, and the other child left the district. One case referred during 1948 continued to attend during the early part of the year. There have been about 6 children seen by me during the year, who would benefit by child guidance, but as these cases are not urgent, there seems to be little point in adding them to the already lengthy waiting list. I have approached the Oldham Authorities, but they are unable to take County cases at their clinic.

### Minor Ailments.

As explained in my last report, school minor ailment clinics cannot be satisfactorily arranged in the area, and the school nurse visits each school regularly and carries out treatment of minor ailments as required, also occasional cases are seen at Child Welfare Centres. Where an intensive course of treatment is needed, the school nurse visits the child's home, and instructs the mother in carrying out the treatment, or in a few cases the home nurse has been called upon.

### Cleanliness Surveys and Treatment of Infestations.

At regular visits to the schools, the Health Visitors have made 4678 examinations for infestations and 106 individual children were found to have verminous heads, i.e. 7%. All cases are given Suleo D.D.T. Hair Emulsion, to take home, with instructions for its use.

A few families have failed to respond to this treatment, and the issue of cleansing notices under Sect. 54 of the Education Act, 1944, is being considered.

### School Dental Service.

There have been no dental inspections or treatment in this division since the summer of 1948, due to the lack of dental staff. The falling off in the standard of dental health of the children as seen at school inspections is alarming, especially in the primary schools.



### Handicapped Pupils.

Many examinations have been carried out during the year for the ascertainment of handicapped pupils. Although many handicapped pupils exist, only those whose handicap is severe enough to require special education are placed on the register.

There are no special classes or day schools in the division and some parents refuse to allow their children to go to residential schools.

Handicapped pupils on the register at 31st December, 1949 were:-

	Ascertained	At Residential School	At Ordinary School	At Home
Blind	-	-	-	-
Partially Sited	-	-	-	-
Deaf	-	-	-	-
Partially Deaf	4	3	1	-
Delicate	9	4	5	-
Physically Handicapped	1	-	1	-
Educationally Sub-Normal	7	-	7	-
Maladjusted	2	1	1	-
Epileptic	1	1	-	-

### Milk in Schools.

One third of a pint of milk is available free to all children attending schools in the area. 1040 or 69% avail themselves of this valuable nutritional supplement. All schools are provided with pastuerised except one, which is provided with tuberculin tested milk.

The following samples of milk supplied to schools were taken by the County Sanitary Inspectors during the year:-

	<u>Satisfactory</u>	<u>Unsatisfactory</u>
5 Pastuerised Samples:		
Phosphate Test	5	-
Methylene Blue Test	5	-
5 Tuberculin Tested Samples:	3	2

During the early part of the year, several complaints were received from schools relating to the condition of the bottles in which milk was delivered. This was taken up with the supplier, and conditions have since improved.

### Halibut Liver Oil Capsules.

All but one of the primary schools in the division have taken supplies of Halibut Liver Oil Capsules during the year, and they have been given daily to all children under seven, and to a few other scholars at the discretion of the teacher or on my recommendation. During the last month of the year, there was unfortunately, delay in delivery, and one or two schools ran out of stock.

The general reaction of both scholars and staff to this new method of administering extra supplies of Vitamin A and D were very favourable.

### School Meals.

At midday, meals are available at all schools. An average of 1014 or 67% of the children receiving meals daily, and 55 of these were receiving meals free.

Greenfield Infirmary Council, Springhead Primary and Secondary Council, Biggle Primary, and Friesland Primary Schools, have their own small kitchens, meals being produced on the spot, and all other schools being provided from the central canteen at Delph.

A thorough inspection of every kitchen and the serving arrangements in all schools was made during the year by myself, Miss Johnson the Area School Meals Organiser, and Mr. Platt the Chief Sanitary Inspector. All aspects of food hygiene were gone into, and several alterations were put in hand, involving the structure and equipment in kitchens, and methods used in handling food during preparation, distribution and serving.

All staffs involved were encouraged to attend a meeting on the hygiene of food handling, addressed by Miss Johnson and myself, together with a film and bacteriological demonstration. This was very well attended, and judging from questions asked at the conclusion, well received.

Considering the difficulty in obtaining suitable premises and equipment (in contrast to the lavish capital expenditure witnessed in several local industrial canteens), the schools meals service is very satisfactory, and gives no cause for anxiety on grounds of hygiene. The nutritional value is also satisfactory, although more imagination might be shown in educating children in better dietary habits. This of course, can only come when the cooking staff themselves are better educated in this matter.

School Buildings.

The County Schools at Diggle, Greenfield, Friezland, Uppermill and Springhead are all reasonably satisfactory buildings from the hygiene point of view. Minor improvements in the kitchen at Diggle have been carried out during the year on my suggestions. The conversion of the lavatories to individual W.C.'s at Uppermill Secondary Modern School have been agreed to. At Springhead, the use of one classroom as a kitchen has given rise to several problems, in particular the grease trap and kitchen drain are directly opposite the entrance to the infant school and causing an unpleasant nuisance. Also, ventilation is proving unsatisfactory. At this school also, there has been a dust nuisance, and ventilation is proving unsatisfactory. The remedy for the first dust nuisance is under consideration.

Ex Voluntary Schools recently taken over by the County Council at Doctor Lane, Delph, and Uppermill, have been considerably improved during the year, but much still remains to be done, particularly at Doctor Lane, and Delph Infant School, where washing facilities are inadequate. Dr. Lane controlled school is in a very dilapidated condition, but repairs are to be undertaken shortly.

The Church of England Schools at Henshaw, Lobaross, Greenfield, are all of unsatisfactory design and lack adequate washing facilities. Lobaross and Greenfield Schools are in a good state of repair and work is proceeding in Henshaw School, where re-decoration and installation of more satisfactory washing facilities have been carried out during the year.



SADDLEWORTH URBAN DISTRICT COUNCIL

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ANNUAL REPORT OF  
THE  
SENIOR SANITARY INSPECTOR

1949

by

J. H. PLATT, M.R.San.I.. M.S.I.A.



THE ANNUAL REPORT OF THE SENIOR SANITARY INSPECTOR  
FOR THE YEAR ENDED 31ST DECEMBER, 1949.

Health Department,

Council Offices,

St. Chads,

Uppermill.

Nr. Oldham.

To the Chairman and Members of the  
Urban District Council of Saddleworth.

Ladies and Gentlemen,

I have pleasure in presenting my fourth Annual Report of the  
work of the Health Department for the year 1949.

Again during the year the Department suffered a change in  
staff, Mr. J. Melrose obtained an appointment with the Fleetwood  
Borough Council, resigning on the 10th February, 1949 and was  
replaced by Mr. R.D. Brown who took up his appointment on the 1st  
June, 1949. Frequent changes in staff are not in the interest of  
the good working of the Department, particularly in a scattered  
area such as Saddleworth, as much time is lost learning the district.  
During the last four years, there have been no less than three  
Additional Sanitary Inspectors.

During 1949 the work of the Department has proceeded  
satisfactorily considering the many difficulties. Some delay has  
been experienced in getting repairs executed as quickly as desired,  
and this has meant many re-inspections and much correspondence.

In October of this year the control of milk production passed  
from the Local Authority to the Ministry of Agriculture and  
Fisheries. This step was in my opinion, to say the least of it,  
ill-timed, as the present position is that if a sample of raw milk  
taken by this Department proves to be unsatisfactory when submitted  
for bacteriological examination, your officers cannot go to the farm  
to investigate, but must communicate with the Ministry of Agriculture  
and Fisheries who, it is understood, have not the staff to carry out  
the work previously entrusted to your officers.

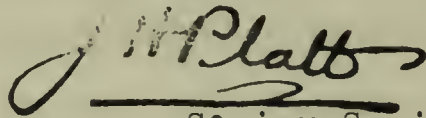


The present policy of the Ministry appears to be to concentrate on the control of production of designated milk and to leave the producer retailer to carry on virtually uncontrolled.

I desire to tender my sincere thanks to the Chairman and Vice-Chairman of the Health Committee, Members of the Council, the Medical Officer of Health, Clerk, Surveyor and other members of the Staff for their co-operation and assistance.

I am, Ladies and Gentlemen,

Yours obediently,

A handwritten signature in dark ink, appearing to read 'J. H. Platt', written in a cursive style. The signature is positioned above a horizontal line.

Senior Sanitary Inspector.

NUISANCE INSPECTIONS:

Total number of inspections made in 1949 for Nuisances only (not including Housing Inspection).....	693
Nuisances found in 1949.....	941
Nuisances in hand, end of 1948.....	118
Total needing abatement.....	1059
Abated during 1949.....	927
Outstanding, end of 1949.....	132
Notices served, Informal.....	269
Informal notices complied with.....	203
Notices served, Statutory.....	15
Statutory notices complied with.....	15
Total number of summonses or other legal proceedings.....	1

CLOSET ACCOMMODATION:

Number of privies with open middens.....	88
Number of Pail Closets.....	642
Number of Water Closets.....	4886
Waste Water Closets.....	619
Number of privies reconstructed during 1949 (a) as W.C 's.....	-
(b) other.....	-
Number of closets, other than privies reconstructed during 1949 as W.C 's.....	6
Number of additional closets provided for old property in 1949 as (a) W.C 's.....	1
(b) other.....	-
Number of closets constructed in 1949 for new houses (a) W.C 's.....	66
(b) other.....	-
Total number of closets in District.....	6235
Percentage of closets on water carriage system.....	80% approx.

HOUSING:

1. Inspection of dwelling houses during the year.

- (1) (a) Total number of dwelling houses inspected  
for housing defects (under Public Health  
or Housing Acts)..... 118
- (b) Number of inspections made for the purpose.... 118
- (2) (a) Number of dwelling houses (included under  
sub-head above), which were inspected and  
recorded under the Housing Consolidated  
Regulations..... -
- (b) Number of inspections made for the purpose.... -
- (3) Number of dwelling houses needing further action:-
- (a) Number considered to be in a state so  
dangerous or injurious to health as to be  
unfit for human habitation..... -
- (b) Number (excluding those in sub-head  
(3) (a) above, found not to be in all  
respects reasonably fit for human habitation.. 84

2. Remedy of defects during the year without service of formal notices.

Number of defective dwelling houses rendered fit in  
consequence of informal action by the Local Authority  
or their officers..... 66

3. Action under Statutory Powers during the year.

A. Proceedings under Section 9, 10 and 16, Housing Act, 1936:-

- (1) Number of dwelling houses in respect of  
which notices were served requiring repairs.... -
- (2) Number of dwelling houses which were rendered  
fit after service of formal notices:-
- (a) By owners..... -
- (b) By Local Authority..... -



3. Action under Statutory Powers during the year (contd)

B. Proceedings under Public Health Acts:-

- (1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied..... 15
- (2) Number of dwelling houses in which defects were remedied after service of formal notices:-
  - (a) By owners..... 15
  - (b) By Local Authority in default of owners..... -

C. Proceedings under Sections 11 and 13 of the Housing Act, 1936:-

- (1) Number of representations, etc., made in respect of dwelling houses unfit for habitation..... -
- (2) Number of dwelling houses in respect of which Demolition Orders were made..... -
- (3) Number of dwelling houses demolished in pursuance of Demolition Orders..... -

D. Proceedings under Section 12 of the Housing Act, 1936:-

- (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made..... -
- (2) Number of separate tenements or underground rooms, the Closing Orders in respect of which were determined, the tenements or room having been rendered fit..... -

4. Housing Act, 1936 - Part IV - Overcrowding.

A revised survey is necessary to ascertain a reasonably correct position.

Close co-operation is maintained with the Housing Department and if applicants for Council Houses state that they are living in unsatisfactory conditions my Department is notified of this by the Housing Manager. All such houses are inspected and any necessary action taken after which the Housing Department is kept informed of such action and the results thereof.

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### WATER SUPPLY:

Six houses previously supplied from a private source were connected to the mains during the year.

Eight samples of water were taken for Chemical (Plumbosolvency) examination during the year, all proved to be satisfactory.

22 samples of water were taken from private supplies for bacteriological examination, 10 were satisfactory, 12 unsatisfactory.

### SMOKE ABATEMENT:

Twelve observations, each of thirty minutes' duration were made during the year. In two instances smoke was emitted for more than three minutes during the period of thirty minutes; and in both cases the owners were cautioned.

### FOOD AND DRUGS ACT, 1938:

There is one licensed slaughter house and 27 bakehouses in the district and during the year 1950 visits have been made to food preparation premises.

Number of horses slaughtered..... 953

Total weight of unsound foods surrendered.....1,200 lbs.

During the year my attention was drawn to a forequarter of home killed beef which had been delivered to a shop in a diseased condition. Arrangements were made with officials of the Ministry of Food for the meat to be returned to the depot and replaced.

The following samples were taken by the Weights and Measures Department of the West Riding County Council for analysis in accordance with the provisions of the Food and Drugs Act, 1938:-

	<u>Genuine.</u>	<u>Adulterated.</u>
Milks.	74	5
Other foods.	22	-
Drugs.	5	-

Summonses were issued in respect of fat deficiencies in three samples of milk.

One was dismissed on payment of 4/- costs and on the other summonses the defendant was fined £10 in each case.

During the year the Oldham Health Department took a considerable number of samples of milk for quality from Saddleworth milk producers retailing milk in their area. Assistance was given to the Oldham Authority in obtaining "Appeal to Cow" samples.

ICE CREAM:

Number of premises registered under Section 14, Food and Drugs Act, 1938.....	32
Number of inspections made.....	34

Rigid control has been maintained during the year on all premises either selling or manufacturing ice cream.

MILK SUPPLY:

Number of samples of ordinary milk taken by officers of Local Authority for (a) Methylene Blue Test.....	14
(b) Presence of Tuberculosis.....	12
Number of cowkeepers in the district.....	116
Number registered.....	116
Total number of cowsheds.....	170
Total number of milk cows.....	1300 approx.
Total number of milk farms inspected during the year.....	51
Total number of cowsheds inspected.....	58
Number of wholesale traders registered.....	15
Number of retail milk sellers registered.....	86

CLEAN FOOD CAMPAIGN:

During the year full inspections were made of food premises as listed below in connection with the clean food campaign.

2 Bakehouses.
8 Cafes and Restaurants.
2 Outside Catering Establishments.
2 Manufacturers of Potted Meats.
1 Manufacturer of Meat Pies.
16 Grocers.
4 Butchers.
4 Confectioners.
1 Fishmonger.
3 Fish and Chip Shops.
15 Factory Canteens.



After each visit, the premises and methods used were discussed with the management, and criticism and suggestions were made from the point of view of hygiene, and a set of posters and notices as provided by the Travel and Holidays Association were left with a request that they be made full use of. Later a letter was sent out, setting out the most relevant provisions of the Food and Drugs Act, together with a list of points on which we considered the premises and methods used could be improved.

Re-visits to all premises have not yet been completed, but where they have been made, the result of our visits have been very satisfactory, and there has been some attempt to comply with our recommendations in all cases. In one or two cases, these attempts have been half-hearted and further visits will be necessary. The one establishment used for the manufacture of potted meat was so unsuitable that the Council was recommended to cancel the registration. This was done without appeal by the owner.

The faults found in shops and catering establishments are summarised as follows:-

	<u>Excellent.</u>	<u>Satisfactory.</u>	<u>Unsatisfactory.</u>
Premises.	4	34	15
Fittings & Equipment.	7	34	12
Utensils.	6	37	10
Storage.	6	31	16
Methods.	6	36	11
Serving.	7	39	7
Personnel.	7	39	7
Washing facilities.	5	32	16

#### OFFENSIVE TRADES:

There are two such trades in the district, a soap boiler and a size maker. Both premises are well maintained and no nuisance has arisen.

FACTORIES ACT, 1937:

Inspections for purposes of provisions as to health:-

Premises (1)	Number on Register	Number of		
		Inspection	Written Notices	Occupiers prosecuted.
(1) Factories in which sections, 1,2,3,4 and 6 are to be enforced by Local Authorities .	72	56	8	-
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority.	-	-	-	-
(3) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises).	4	2	-	-
TOTAL	76	58	8	-

Particulars (1)	Number of cases in which defects were found.			Number of cases in which prosecutions were instituted.
	Found	Remedied	Referred To H.M. Inspector      By H.M. Inspector	
Want of cleanliness (S.1)	11	11	-	2
Overcrowding (S.2).				
Unreasonable temperature (S.3)				
Inadequate ventilation (S.4)				
Ineffective drainage of floors (S.6).				
Sanitary Conveniences (S.7)				
(a) Insufficient.	2	2		1
(b) defective or unsuitable.	5	5		
(c) Not separate for sexes				
Other offences against the Act (not including offences relating to Outwork).				
TOTAL:	18	18		3

SHOPS ACT, 1934:

This work is closely related to the Clean Food Campaign, and in all 97 visits were made to shops. Unsatisfactory conditions were found in 18 instances, of which 12 were remedied during the year.

CAMPING SITES:

There are two such sites in the district. Consideration of the renewal of the licence of the camping site situate at Summershades, Grasscroft was deferred until certain improvement had been agreed upon following inspection and report on conditions by this department to the Housing Committee.



# RODENT CONTROL:

The sewers have received two treatments and a 10% test bait during the year. The figures below show the result of the treatments and test bait:-

	<u>Manholes</u> <u>Baited.</u>	<u>"Takes".</u>
Test bait	100	34
1st. Treatment.	110	62
2nd. Treatment.	164	91

# SCAVENGING:

Six houses in the outlying parts of the district were included in the scavenging area.

A new vehicle (including new tank) for the emptying of pail closets was purchased by the Council during the year.

A weekly collection of refuse is in operation, the refuse being disposed of by controlled tipping at the Sewage Works, Greenfield. The land recovered by this method is being used for the construction of sludge drying beds.

# SALVAGE AND WASTE MATERIALS:

Salvage and recovery operations are carried out at the Sewage Works, Greenfield where there are 3 paper baling machines and one tin baling machine. The tables below show the weights and values of salvage sold during 1949:-

	T.	<u>Weight.</u>			<u>Value.</u>		
		C.	Q.	Lbs.	£.	s.	d.
Paper.	1224	9.	3.	0.	714.	16.	8.
Paper Tubes.	1.	3.	0.	0.	2.	17.	5.
Newsprint.	9.	5.	3.	0.	85.	18.	2.
Tins.	34.	8.	2.	0.	52.	5.	2.
Rags.	4.	8.	2.	2.	70.	16.	2.
Carpets.	2.	17.	0.	13.	50.	3.	3.
Sacking.	2.	2.	3.	24.	10.	14.	6.
String.		13.	0.	0.	4.	10.	11.
Woollens.		2.	1.	24.	12.	1.	0.
Bones.		6.	0.	0.	1.	14.	6.
Brown Paper.		18.	0.	0.	8.	6.	6.
Cullet.	14.	18.	0.	0.	26.	1.	6.
Brass.		3.	0.	14.	5.	2.	9.
Copper.		2.	1.	8.	7.	11.	0.
Light Scrap.	1.	4.	2.	0.	1.	19.	9.
Heavy Scrap.	14.	14.	2.	0.	43.	11.	3.
TOTAL:	209.	17.	2.	1.	£1098.	15.	6.



SALVAGE AND WASTE MATERIALS: cont.,

Comparative totals for the years 1946, 1947 and 1948:-

	T.	C.	Q.	Lbs.	£.	s.	d.
1946	114	2.	0.	2.	709.	6.	10.
1947	104	13.	1.	24.	697.	14.	10.
1948	144.	13.	2.	24.	1008.	17.	7.

Difficulty was experienced during the year in the disposal of waste paper, but the collection of salvage including paper was continued. This difficulty was only temporary and reference to the above figures reveals that a greater tonnage of paper was disposed of during 1949 than in 1948; but the price received was reduced in August from £6. 7. 6d. to £5. 0. 0. per ton.







